Submitting an FML Request

Step	Action
1.	Enter your **User ID** and **Password** into the appropriate field. A user ID is comprised of the first letter of the learner's first name (use a capital letter) plus the last six digits of the PeopleSoft ID number. For assistance with your password, contact the IOT Helpdesk at 317-234-HELP or (800)-382-1095.
2.	Click the **Human Resources** link. A new page or tab will populate. Human Resources
3.	Click the **Main Menu** button. Main Menu
4.	Point to the **Self Service** menu.
5.	Point to the **Leave of Absence** menu.
6.	Click the **FMLA Leave Request** menu. FMLA Leave Request
7.	Review the Instructions for Using Family-Medical Leave (FML) and then scroll down to the bottom of this page and click the **I Read** button.
8.	Click the **I READ** button. I READ
9.	If you have submitted prior FML Requests and are now submitting a new one, please click the **New FMLA Request** link. If you have never submitted an FML Request, please continue to the next step.
10.	Please confirm that your home address, e-mail address, and phone number are correct. YOU MUST INCLUDE AN ACTIVE EMAIL ADDRESS TO SUBMIT A REQUEST. Click the **Question Mark** link for additional information on how to make changes to any contact information specific to the FML request being submitted.
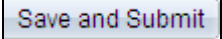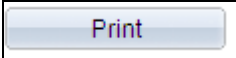
Step	Action
11.	Select the desired **FMLA Request Reason** from the available options. Continue selecting from the drop down boxes as they populate. Click the **FMLA Request Reason** list.
12.	For this example we will select Serious Health Condition. Click the **Serious Health Condition** list item. Serious Health Condition
13.	You will notice that an additional information box has populated and needs to be completed to submit this request. Click the **Serious Health Condition Relation** list.
14.	For this example, we will click the **Employee** list item. Employee
15.	You will notice that an additional information box has populated and needs to be completed to submit this request. Click the **Serious Health Condition Option** list.
16.	For this example, we will click the **Other Serious Health Condition** list item. Other Serious Health Condition
17.	Select the desired **Leave Type** from the available options.
18.	For additional information on the type of FMLA leave needed click on the **Question Mark** link.
19.	For this example, click the **Intermittent** list item. Intermittent
20.	Enter the date the selected leave type is anticipated to begin. Click the **Calendar** button. 31

Step	Action
21.	For additional information on the Begin Date click on the **Question Mark** button.
22.	Click the **July** list item.
23.	Select **5** from the calendar.
24.	Once you have slected the Leave Type and Begin Date appropriate for your situation, you may be asked to provide additional information about your leave request. You can do this by providing the information in the text box directly below the Leave Type Field. Click in the **Text Box** field.
25.	If you determine you are unable to complete the **FML Request**, you may click the **Save for Later** button. This will place your request in **Draft** status for you to return and finish completing at a later date. You <u>must</u> complete your information and **Save and Submit** before a determination can be made regarding your request. Any requests in **Draft** status will not be considered.
26.	Supporting documentation must be attached before we can make a determination on your **FML Request**. The next steps will show how to attach supporting documents. If you don't have the documentation you must **Save and Submit** now and add documentation within the **15 calendar day timeline**. Click the **Add Attachment** link.
27.	Please review the instructions for Attaching Supporting Documentation by selecting the **Question Mark** button.
28.	Click the **Browse...** button.
29.	Double Click on the Document Link you want to attach. For this example, double-click the **Certification of Health Care Provider_Employee** list item.

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30.	Click the **Upload** button to attach the document. Upload
31.	Click the **Save and Submit** button. **NOTE:** Please delete any medical documentation that you have saved on a computer other than your personal computer once you have submitted your FML Request. Save and Submit
32.	After you have submitted the request you will want to print a copy for your records. Please record the FML Request ID number (e.g. 001). Click the **Print** button. Print
33.	You will notice that your **FML Status** will update once you Save and Submit.
34.	Click the **Sign Out** link. Sign ou
35.	**Have Questions? Need More Help?** Call the FML Helpline Toll Free (Outside Indianapolis) 1-(855)773-4647 (option 1) or within the Indianapolis area (317) 234-7955. **End of Procedure.**